



## BOARD OF HEALTH

600 Chief Justice Highway  
SCITUATE, MASSACHUSETTS 02066

(781) 545-8725  
(781) 545-8866 FAX

### Food Establishment Permit Application

1) Establishment Name:		Date:													
2) Establishment Address:															
3) Establishment Mailing Address (if different):															
4) Establishment Telephone No:															
5) Applicant Name & Title:															
6) Applicant Address:															
7) Applicant Telephone No:		24 Hour Emergency No:													
8) Owner Name & Title (if different from applicant):															
9) Owner Address (if different from applicant):															
10) Establishment Owned By:		11) If a corporation or partnership, give name, title, and home address of officers or partner.													
<input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____		<table border="1"><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td colspan="3">_____</td></tr><tr><td colspan="3">_____</td></tr><tr><td colspan="3">_____</td></tr></tbody></table>		<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____			_____			_____		
<u>Name</u>	<u>Title</u>	<u>Home Address</u>													
_____															
_____															
_____															
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)															
Name & Title:		_____													
Address:		_____													
Telephone No:		Fax:													
Emergency Telephone No:		_____													
13) District Or Regional Supervisor (if applicable)															
Name & Title:		_____													
Address:		_____													
Telephone No:		Fax:													

## Food Establishment Permit Application : Page 2 of 2

<b>14) Water Source: (check one)</b> Town system _____ Private Well _____	<b>15) Sewage disposal: (check one)</b> Town sewer _____ On-site septic _____	
<b>16) Days and Hours of Operation:</b>	<b>17) No. of Food Employees:</b>	
<b>18) Name of Person(s) In Charge Certified in Food Protection Management:</b> <u>** Attach certificate(s) **</u>		
<b>19) Person Trained In Anti-Choking Procedures (if 25 seats or more):</b> D Yes    D No <b>** Attach certificate(s) &amp; Insurance **</b>		
<b>20) Location: check one</b> D Permanent Structure D Mobile	<b>22) Establishment Type</b> D Food Service – (                  Seats) D Food Service – Takeout D Food Service – Institution (                  #Meals/Day) D Food Service – Function Hall D Food Service - Mobile Truck  <b>Other</b> D Food Delivery D Frozen Dessert Machine D Milk & Cream D Slush Machine D _____	
<b>21) Length Of Permit:</b> D Annual D Seasonal/Dates: _____  D Temporary/Dates/Time: _____	<b>23) Food Operations:</b> (check all that apply) Definitions: PHF – potentially hazardous food(time/temperature controls required) Non-PHF – non- potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat (Ex. sandwiches, salads, muffins which need no further processing)	
D Sale of Commercially Pre-Packaged Non-PHFs	D PHF Cooked To Order	D Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
D Sale of Commercially Pre-Packaged PHFs	D Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	D PHF and RTE Foods Prepared For Highly Susceptible Population Facility
D Delivery of Packaged PHFs	D Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	D Vacuum Packaging/Cook Chill
D Reheating of Commercially Processed Foods For Service Within 4 Hours. D Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	D Customer Self-Service  D Ice Manufactured and Packaged for Retail Sale	D Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control) D Offers Raw Or Undercooked Food Of Animal Origin.
D Preparation Of Non-PHFs	D Juice Manufactured and Packaged for Retail Sale  D Offers RTE PHF in Bulk Quantities	D Prepares Food/Single Meals for Catered Events or Institutional Food Service
D Other (Describe): _____	D Retail Sale of Salvage, Out-of Date or Reconditioned Food	<div style="border: 1px solid black; padding: 5px;"> <i>To be completed by the Board of Health</i>   <b>Total Permit Fee:</b> _____  <b>Payment is due with application</b> </div>

"I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code."

"Pursuant to MGL Ch. 152, sec. 25A, I certify under the penalties of perjury that this establishment, to my best knowledge and belief, is in compliance with the Massachusetts Workers Compensation Coverage Requirement if applicable."

"Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law."

**24) Signature of Applicant:** \_\_\_\_\_